IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER, Governor
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BUREAU OF FACILITY STANDARDS
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July 2, 2007

William Shobe, Administrator
B & B Residential Care
Route 1, Box 5B
Kooskia, ID 83539

Dear Mr. Shobe:

On June 20, 2007, a Fire Life Safety Survey was conducted at B&B Residential Care. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R244	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - ENTIRE BUILDING** B. WING _____	(X3) DATE SURVEY COMPLETED **06/20/2007**

NAME OF PROVIDER OR SUPPLIER **B & B RESIDENTIAL CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **ROUTE 1, BOX 5B** **KOOSKIA, ID 83539**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	Initial Comments The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on June 20, 2007. The surveyor conducting the survey was: Taylor Barkley Health Facility Surveyor Facility Fire safety & Construction	R 000		

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE   TITLE   (X6) DATE